

Entered - 03/02/01 - sb
CL01L0140 - DIANNE C. MITCHELL

CLAIM OF: **FANNIE JOHNSON**
401 Lindsay Street
#2
Atlanta, Georgia 30314

01-*R*-1381

For damages alleged to have been sustained as a result of vehicular damage due to sewer construction on January 29, 2001 at Paines Avenue and Fox Street.

BY PUBLIC SAFETY AND
LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **FANNIE JOHNSON** the sum of **\$850.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of vehicular damage due to sewer construction on January 29, 2001 at Paines Avenue and Fox Street as is more particularly set forth in the within claim; said sum taken from and charged to account 2J01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0140

Date: June 21, 2001

Claimant /Victim FANNIE MAE JOHNSON

BY: (Atty)(Ins. Co.) _____

Address: 401 Lindsay Street, #2, Atlanta, Georgia 30314

Subrogation: _____ Claim for Property damage \$ 850.00 Bodily Injury \$ _____

Date of Notice: 02/22/01 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 _____ X Ante Litem (6 Mo.) _____ X

Date of Occurrence 01/29/01 Place: Paines Avenue and Fox Street

Department Public Works Division: Sewer Operations

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant damaged her vehicle when she drove over an unsecured construction hole in the roadway causing damages in the above amount.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures X Diagrams _____ Reports: Police _____ Dept Report _____ Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial X

Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable X

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ 850.00 Adverse _____ Account charged: 1A01 _____ 2J01 X 2H01 _____

Claims Manager:  Concur/date 06-22-01

Committee Action: _____ Council Action _____

Hand Delivered

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: _____

Mitchell
03/01/01
D

Dear Municipal Clerk:

ENTERED - 3-2-01 - SB
01L0140 - DIANNE MITCHELL

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ _____ property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 1-29-2001 2. Time of Incident: 2:00 3. Police called: ☒ Yes ☐ No
(month/day/ year)

4. Location of incident (including street address): paines Avenue/fox street

5. Name of your insurance company: _____ Policy No. _____

6. State what and how incident occurred: Just left getting car out of shop
Came down paines Avenue and there was
two holes in street uncovered Couldn't see
them until I got up on them and it
busted the oil pan and the transmission.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Sundance 88 488 WHH Fannie Johnson
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: Darryl Jackson Atlanta Mission
(Name) (Address) (Tel+phone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant

Fannie Johnson
(Print Claimant's Name)

401 Lindsay St #2
(Address)

Atlanta GA 30314
(City, State and Zip Code)

(4) 378-5088
(Work Number) (Home Number)

01-R-1381